

AFFIDAVIT OF SERVICE

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

Case Number: 1:17-cv-03029-RDB

Date Filed:

Plaintiff:

Maiden Biosciences, Inc.

vs

Defendant:

MPM Medical, Inc., et al

Received on **10/24/2017** to be served on **MPM Medical, Inc., 2301 Crown Court, Irving, TX 75038.**

Kevin Benson, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action.

On **10/26/2017** at **1:00 PM**, deponent served the within **COMPLAINT; CIVIL COVER SHEET; EXHIBITS** on **MPM Medical, Inc. at 2301 Crown Court, Irving, TX 75038** in the manner indicated below:

By delivering a true copy of each to and leaving with **Steven Brown, Chief Executive Officer** who stated he/she is authorized to accept service on behalf of the corporation.

Description:

Gender: **Male** Race/Skin: **White** Age: **50 - 60 Yrs** Weight: **161-190 Lbs.** Height: **5ft 9in - 6ft 0in** Hair: **Brown**
Other:

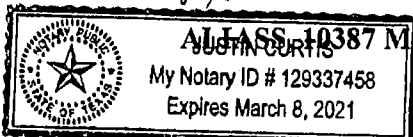
Subscribed and Sworn to before me on Nov. 8, 2017



X Kevin Benson

Job #: 1708771

Notary: Justin Curtis
State of/Commonwealth of: Texas
County of: Tarrant
Expires: March 8, 2021



ALIAS 10387 Main Street, Suite 202, Fairfax, VA 22030 (703) 383-3007

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AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (f))

This summons for (name of individual and title, if any) MPM Medical, LLC
was received by me on (date) _____

☐ I personally served the summons on the individual at (place) 2301 Crown Court
Irving, TX 75038 on (date) 10/26/17 ; or 1.00 PM

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 10/26/17

LCB

Server's signature

Kevin Benson Process Server

Printed name and title SCH 10883
5/31/00

209 W 2nd 125 Fort Worth

Server's address

Additional information regarding attempted service, etc:

Stamps